



Volunteer Application

Volunteers are a vital part of Lighthouse, and there's a lot you can do.

Give back by investing your time and talent in helping children, youth and families in need. We offer a variety of creative ways you can make a real difference. Daytime, evening, and weekend opportunities are available.

If you're interested in volunteering on your own, please return your completed form to Tessa Barnard at tbarnard@lys.org.

If you're interested in volunteering as a group, please email Tessa Barnard at tbarnard@lys.org for more information.

Volunteer Information

Name: _____

Address:

Phone Number: _____

Email Address: _____

What is your preferred method of contact:

- Cell Phone
- Home Phone
- Work Phone
- Email

Education Information

What is your highest level of education?

- High school diploma/GED
- Trade/Vocational School
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

Do you have any education or training that may be relevant to your volunteer experience?



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Availability

Please indicate the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9 AM - 12 PM)							
Afternoon (12 PM - 5 PM)							
Evening (After 5 PM)							

Volunteering with Lighthouse Youth & Family Services

Have you volunteered with Lighthouse in the past?

- Yes
- No

If yes, in what capacity? _____

Why are you interested in volunteering with Lighthouse Youth & Family Services?

Are you required to volunteer?

- Yes
- No

If yes, for what reason?



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Interest and Skills

Please indicate the Lighthouse service area(s) in which you're interested in volunteering.

- Direct Client Interaction - Youth Ages 10-17
- Direct Client Interaction - Youth Ages 18-24
- Provide and serve meals to clients
- Tutor students at Lighthouse Community School
- Street Outreach
- Assist in the Community Garden
- Administrative Assistance - Reception, Filing, Mailings, Etc.

Please list any additional skills you may be interested in sharing with Lighthouse.

Emergency Contact Information

Please provide the information for one emergency contact.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Volunteer:

- Parent
- Child
- Spouse
- Partner
- Sibling
- Friend
- Co-Worker

Anything Else?

Please give any other information you feel is pertinent to your application.



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Personal and Professional References

Please list three references, including at least one professional/educational reference; exclude relatives.

1. Reference Name, Phone Number, Email Address, and Relationship to Volunteer

2. Reference Name, Phone Number, Email Address, and Relationship to Volunteer

3. Reference Name, Phone Number, Email Address, and Relationship to Volunteer

Notice

Lighthouse Youth Services retains the right to verify all information provided by me. In the process of such verification, I fully authorize Lighthouse Youth Services to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal.

I certify that answers in the Volunteer Application are true and complete to the best of my knowledge.

Signature: _____

Date: _____